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**FACSIMILE TRANSMITTAL**

*from* **CLAYTON L. KUHNELL**

January 28, 2004

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**To:** Examiner Margaret B. Medley/Timothy Cole

**Firm:** United States Patent Office

**Fax Number:** 703-872-9306

**Client Number:** 9116-706

**Re:** U.S. Patent Application Serial No. 09/647,832

Filing Date: October 5, 2000

Title: **Disinfecting Compositions And Processes For Disinfecting Surfaces**

**Pages:** 15

(including cover)

**Comments:** Pursuant to the Notice of Non-Compliant Amendment which we received in the above-referenced patent application dated January 15, 2004, attached is the Amendment and Response which was submitted on December 1, 2003, which includes a replacement page (page 2) thus addressing the Notice of Non-Compliant Amendment by providing a complete listing of all the claims.

Clayton L. Kuhnell

Registration No. 48,691

If there are any problems in receiving this transmission, please call the fax room at (513) 977-8483 immediately. Thank you.

*Notice*

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**PATENT**  
CMI1749**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE: Commissioner for Patents: P.O. Box 1450: Alexandria, VA 22313-1450 on December 1, 2003.

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: SEREGO ALLIGHIERI, et al : Paper No.:  
 Serial No.: 09/647,832 : Group Art Unit: 1714  
 Filing Date: October 5, 2000 : Examiner: MEDLEY, M. B.

For: **DISINFECTING COMPOSITIONS AND PROCESSES FOR DISINFECTING SURFACES**

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Response in the above-identified application.

- [X] additional fee is required.  
 [X] also attached: Request for Continued Examination (RCE) Transmittal; Credit Card Payment Form (PTO-2038); and Return Postcard.

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	24	23	1	x \$18 =	18.00
Independent Claims	4	3	1	x \$86 =	86.00
Request for Continued Examination (RCE)					770.00
<b>TOTAL FEE DUE</b>					<b>\$874.00</b>

- [ ] A check in the amount of \$00.00 is enclosed.  
 [X] Please charge the amount of \$874.00 to our Visa credit card account. Form PTO-2038 is attached.  
 [X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By: Clayton L. Kuhnell  
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 Registration No. 48,691

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